

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/780699 FILING DATE

APPLICANT(S)

6/1/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4	1		1			
5	1		1			
6	1		1			
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TOTAL IND.	5		5			
TOTAL DEP.	1		1			
TOTAL CLAIMS	6		6			

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